

MAJOR FINDINGS FROM MARYLAND'S FIRST HEALTH IMPROVEMENT PLAN

As the 21st century opens, Maryland is home to slightly more than 5 million people. The overwhelming majority of these people are relatively young, less than 65 years of age. However, the elderly population, ages 65 years and over, continues to grow and was almost 12 percent of the total population in 1998. Maryland is home to a diverse ethnic population; African Americans, at almost 28 percent of the entire statewide population in 1998, constitute the major minority group. This proportion is decreasing as the number of other ethnic minorities continues to climb.

A variety of health status information exists to gauge the health of this population. We continue to assess health primarily with mortality, or death, data. An examination of available statistics indicates that the ten leading causes of death in 1998, at the end of the last century, were:

Leading Causes of Death in Maryland, 1998

<u>Rank:</u>	<u>Cause:</u>
1	Heart Disease
2	Cancer
3	Cerebrovascular disease (stroke and related circulatory system conditions)
4	COPD (chronic obstructive pulmonary disease)
5	Pneumonia and Influenza
6	Diabetes
7	Unintentional Injury (with motor vehicle injuries accounting for almost half)
8	Septicemia (infection of the blood)
9	Homicide
10	HIV (human immunodeficiency virus)

Source: Maryland Vital Statistics, 1998

Findings from extensive biomedical research during the past century indicate that the causes of many of the health problems that contribute to these deaths can be prevented and/or greatly controlled. Healthy People 2010 is based on this premise and Maryland's Project 2010 joins the national effort. To assist in charting a focused preventive health course, a variety of mortality and morbidity data, other health status information, and information on health care resources, including the public health workforce, were examined to identify areas for priority attention for Maryland's first Health Improvement Plan. At the state level, 17 areas were selected for priority attention. At the local level, a wide variety of health problems within these 17 areas and also in other areas, were selected for priority attention.

A summary of state and local priorities is provided in the table on the next page. An analysis of the overlapping areas yields the ranking among the priorities as detailed below:

Top Ten Focus Areas Addressed or Listed as Priorities in the Maryland Health Improvement Plan for 2010:	
<u>Priority Rank</u>	<u>Focus Areas</u>
1	Child & Adolescent Health
2	Substance Abuse
3	Cancer
4	Access to Health Care
5	Injury and Violence and Maternal & Infant Health (tied for fifth)
6	Tobacco
7	Immunization and Infectious Disease and Mental Health (tied for seventh)
8	Heart Disease and Stroke, HIV, and Sexually Transmitted Diseases (tied for eighth)
9	Public Health Infrastructure
10	Environmental Health, Family Planning, and Oral Health (tied for tenth)

Although this list provides some insight into the leading areas of concern among those striving to improve the health of Marylanders and the communities in which they live, it only provides a qualified view. First, the list is a summary. A list of priorities for any one of the 24 local jurisdictions may vary greatly. Second, within the listed priorities, there are a wide variety of problems that require attention in order to improve specific problems at the state and/or local levels. Available resources and political will also impact efforts and outcomes. Finally, it is important to note that health status is not static; for any specific measure, there are ongoing changes as the health status improves or problems worsen. Continual monitoring and periodic re-examinations are essential in order to chart a timely and appropriate course to improve and promote Maryland's health.